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ABSTRACT

This paper describes the first year of a 2-year Diploma Nursing Program for American Indians that incorporated a humanistic learning component. The program was offered by the Saskatchewan Institute of Applied Science and Technology, Kelsey Campus, and was delivered off-site in North Battleford, Saskatchewan. Humanistic practices were introduced to create an effective classroom learning environment. Climate setting involved asking students to think about positive and negative learning experiences in their lives and to identify key features in these experiences. Active learning was promoted by emphasizing open communication, mutual respect, student cooperation, and the instructor's role as facilitator. Teaching units were developed into feedback lecture modules involving considerable group discussion. Self-directed learning was implemented through a learning contract that focused on mutual planning, self-diagnosis of learning needs, goal setting, determining learning strategies and resources, and providing objective evidence of accomplishment. The 20 nursing students resisted taking responsibility for their own learning initially, but became involved when they saw direct application of their own ideas. Without exception, students commented favorably on the learning atmosphere. They showed improvement in reading and writing skills, communication skills used in discussion, and self-esteem and confidence. Moreover, the attrition rate after 8 months was zero. (SV)

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INVOLVING NATIVE NURSING STUDENTS IN THEIR OWN LEARNING

By

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ABSTRACT

Health care among Native people has been problematic for years. However, before Indian people can overcome some of these difficulties, there is a need to educate more Indian health professionals who can assume a leadership role in all facets of Indian health care delivery.

Research shows that Indian students accepted into regular nursing programs do not have a high rate of success. As a result, a Diploma Nursing Program for Indian students was established which will enable the students to become registered nurses.

Many Indian people have a poor self-concept and therefore, tend to be shy, passive, and afraid to ask questions. With these ideas in mind, a humanistic teaching/learning component was introduced into an existing first year nursing course.

Climate setting, including an introduction to learning with ensuing student responsibilities is considered. Specific materials to enhance self-concept and promote active learning were developed, for example, feedback lecture modules and a learning contract.

Results show that students became involved in their own learning, developed increased self-esteem and confidence and showed improvement in communication skills. Moreover, the attrition rate after eight months was zero.

Introduction

I am an instructor in a two-year Diploma Nursing program which is being offered through Saskatchewan Institute of Applied Science and Technology Kelsey Campus, Saskatoon, Saskatchewan, Canada. The students with whom I am involved are enrolled in the first year of an Indian Diploma Nursing Program in North Battleford, Saskatchewan.

The program in North Battleford is an off-site delivery of the S.I.A.S.T. Kelsey Campus Diploma Nursing Program under contract with the Saskatchewan Indian Institute of Technologies. Research shows that the Indian students accepted into the regular nursing programs do not have a high rate of success for a multitude of reasons. At the time of the study (1987) we had twenty (20) students with an average age of 26.8 years. Ninety percent were non-sequential learners, fifteen were status Indians, four were non-status, and there was one "other." Fourteen (14) of these students had dependents. Fifty-five percent had grade 12 matriculation; forty-five percent were mature admissions (G.E.D.).

Often it seems that nursing students are encouraged to learn theory passively in the classroom setting. A combination of class size and heavy instructor workloads has promoted lecture as the main mode of instruction in the classroom. Students must be able to write quickly and

memorize materials for examinations. I felt that native students, for a variety of reasons, would not survive in such an atmosphere. Therefore, I wanted to change my teaching style so that when students left North Battleford, they would not only be knowledgeable regarding course content, but would also develop active learning styles and would feel good about themselves as people. At the same time, I knew any changes I made could not have financial implications since the budget had already been established.

As a result, I did a literature review. Unfortunately, there is little documentation on post-secondary education for either Native people in general or Native women in particular.

After studying various learning orientations, I decided that a humanistic orientation was probably the closest to my own philosophy and to that of nursing in general and should therefore be included in my planning. Therefore, the following objectives were formulated.

Objectives

1. to identify and discuss humanistic features that have relevance for Indian nursing education. These features have been determined through a review of the literature and from personal experience.

2. to discuss how humanistic features are incorporated into both the classroom and clinical aspects of a pre-planned first year nursing course.

3. to assess, monitor, and further develop humanistic practices to meet the learning needs of Native nursing students.

Implementation

An integral part of a humanistic classroom is an environment which encourages and supports the acquisition of knowledge. Adult educators have identified many elements of such an atmosphere although I selected only eight for inclusion in my classroom. These are climate setting, qualities of the facilitator, trust, freedom, helping students become effective human beings, failure as a positive function, promoting active learning and encouraging self-direction. At this time, I will discuss only climate setting, promoting active learning and encouraging self-direction.

Climate Setting. I developed an introductory unit where students were encouraged to look at their learning methods. An exercise to encourage thinking about learning was introduced which involved students thinking about one positive and one negative learning experience that they had

had some time in their life. They were asked to determine qualities that made the situation good or bad, first singly, then in pairs, and finally in small groups. Students were then asked to identify common perceptions of what made learning positive or negative and to share these with the entire group.

When discussing what leads to unsatisfactory learning, students included such things as: a noisy environment; being criticized in front of others; having no input into choosing learning assignments; and one-way communications, such as lectures with no time for discussion.

On the other hand, satisfactory learning included: being given encouragement and the opportunity to practice skills; receiving feedback that is given in a positive manner; instructor confidence that the student can perform; having the time to learn; enthusiasm and subject mastery on the part of the instructor; and, a lack of rigidity in that if students are interested and learning, they are encouraged to do so, rather than moving on to the next topic. Opportunities for independence, responsibility and creativity were also mentioned.

Promoting Active Learning. Active learning was a focus in this introductory unit. I discussed the belief that

people learn more things more effectively if they show some initiative. Students were then asked what implications this thinking would have for them as learners. They were usually able to mention active participation in classroom discussions but seemed to feel that instructors were responsible for determining all of their learning experiences so this point frequently had to be clarified. As well, the use of personal experience was mentioned and students were encouraged to relate past activities which had relevance to the matter at hand.

They were warned that lecturing was minimal but those who were concerned about notes were also assured that they would have plenty of written information to refresh their minds at exam time.

I talked about how I saw myself which included both strengths and limitations. I also mentioned the learning environment with an emphasis on trust, mutual respect, lack of competition, and open communication. My role as facilitator was emphasized stating the belief that the aim of education is to develop not only subject mastery, but also a positive self-concept and interpersonal skills.

As followup, the students were asked informally every three weeks to identify how classes and learning were progressing and any changes they suggested were given consideration.

In an attempt to promote student involvement in the classroom, the units that I taught were developed into feedback lecture modules. The format of these was adapted from Pinkava (1985).

Each module had a face sheet which immediately gained the readers attention. The first page consisted of an introduction, instructions on how to use the module, reference readings and a list of suggested activities. The next page had a pretest, followed by discussion questions. These questions reflected the course objectives. Therefore, the instructor lectured for a short period, stopped when a discussion question was appropriate, and then continued to lecture. Students were encouraged to bring their own questions for discussion as well. As a result, a variety of learning styles were addressed and lecturing was markedly decreased. Moreover, group closeness was developed and encouraged.

In order to ascertain that discussions were learning experiences, each group was asked to hand in a report of their findings. This ensured that misconceptions would be clarified promptly. In return, each learner was given a handout summarizing the entire group's discussion points and adding others as necessary. It was noted that students read through these immediately to see if their examples and ideas had been included. An additional benefit was that students developed improved reading and writing skills.

The last page of the module had a posttest.

Self-directed learning. A learning contract for student use was implemented which included advantages of a learning contract, the elements usually found in such a document, and the steps. Aspects of mutual planning, diagnosing own learning needs, formulating goals, determining strategies and resources, and evidence of objective accomplishment were the primary foci.

The contract allowed students to participate actively in their learning, including the formulation of their own learning objectives. Students seemed to have little difficulty identifying needs, although some were reluctant to actually write down areas of weakness believing initially,

that I might use this information to fail them. They required assistance, however, in the wording of the objectives as few had had actual experience in writing them.

Initially, the idea of a learning contract caused some chaos so sample learning plans were developed for student use. Interestingly, most students used these for reference only, adding to, or subtracting from, the original.

It was also emphasized that students did not have to be involved in the learning contract but could instead opt for the usual way of clinical assignments. So far, no one has asked for traditional assignments.

Evaluation

The hope was that students would want to take increased responsibility for their learning, be willing and capable of learning from and with others, that they would identify what they wished to learn, decide on activities to learn it and evaluate their own progress, and that they would exercise self-discipline. Few students indicated that they wanted this responsibility initially and they had to be almost pushed into it. However, as the students saw that there was indeed a direct application of the ways they said they liked to learn, they readily became involved. Self-discipline

was not an issue as students generally came well prepared. They also developed self-esteem as they saw that their ideas were acknowledged and valued.

Students were quite innovative in designing strategies to meet their learning goals. For example, students have developed the beginnings of a board game which reviews principles and concepts of the nursing course. In the future, I would like to use their ideas to formulate a computer program that would have a "Quiz Show" format which students could play in their spare time.

In the clinical setting, contract learning actually enabled students to learn more and it was not uncommon to have objectives and activities added as the days progressed. One student wrote "What joy to know that I am responsible for my own learning. No more blaming the instructor for giving me poor assignments. Now if I give myself such an assignment, I am responsible for either learning or changing. But it's me who decides, and that's the best part." Another mentioned that "It's hard, really hard, to have to think about what I want to learn. I think it would be easier for you and for us just to make up assignments like everywhere

else but after going through the experience, I'm not sure whether I want the "easy" route ever again."

Comments from students included remarks such as the following:

- "super rotation"
- "gave good feedback"
- "made me feel like an equal"
- "very supportive"
- "don't change your attitude and teaching methods"
- "made learning fun, easy to remember and interesting"
- "made for easy and enjoyable learning"
- "interesting and informative"
- "easy to talk to, lots of patience and understanding"
- "made me want to know and discover"
- "could freely ask questions and volunteer information"

Summary

The project demonstrated that it is possible and even desirable to involve Native nursing students in their own learning. Without exception, students commented favorably on the learning atmosphere. They developed better reading and writing skills, grew in communication techniques because of the classroom discussions, and seemed to develop increased self-esteem and confidence. Moreover, after eight months, all twenty students remained in the program.

References

Pinkava, B. P. (1985). The feedback lecture method: Stimulating active learning. Nursing Outlook, 88, 257-258.